

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Name of Party Responsible for Plugging Fees: ___

State of ____

_ County, __

(Print Name)

Kansas Corporation Commission

OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:				API No. 15									
Name:				Spot Description:									
Address 1:				SecTwp S. R EastWest Feet from North / South Line of Section									
Address 2:													
City: State: Zip: +				Feet from East / West Line of Section									
Contact Person:				Footages Calculated from Nearest Outside Section Corner:									
Phone: ()				NE NW SE SW County: Lease Name: Date Well Completed: The plugging proposal was approved on: (Date)									
							Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)		
							Depth to Top: Bottom: T.D				Plugging Commenced:		
							Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Completed:		
							Deptr	n to Top: Bot	tom: I.D				
Show depth and thickness	of all water, oil and gas for	mations.											
Oil, Gas or Water Records			Casing Re	Casing Record (Surface, Conductor & Production)									
Formation	Content	Casing	Size	Setting Depth	Pulled Out								
		gged, indicating where the m of same depth placed from (t			methods used in introducing it into the hole. If								
Plugging Contractor License #:													
City:				State:	Zin· ±								
Oity			·	Jiaie	т т								
Phone: ()													

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

____ , ss.

Employee of Operator or Operator on above-described well,